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An Independent Review Organization

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Case Number:

Date of Notice: 11/11/2015

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Anesthesiology

Description of the service or services in dispute:

L5-S1 lumbar epidural steroid injection under fluoroscopy with IV sedation

Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part / Disagree in part)

Patient Clinical History (Summary)

The patient is a male whose date of injury is xx/xx/xx. On this date the patient was injured xxxxx. Treatment to date is noted to include physical therapy, NSAIDs, rehabilitative and medical treatment options. MRI of the lumbar spine dated revealed at the level of L5-S1 there is annular disc bulge with a superimposed right subarticular disc protrusion which contacts the proximal right S1 nerve root sleeve as it exits the thecal sac. Spinal canal remains patent. Disc bulge and facet hypertrophy contribute to moderate bilateral neural foraminal stenosis. The patient underwent lumbar epidural steroid injection at L5-S1 on. Follow up note dated 03/26/15 indicates that the patient reported more than 90% improvement of his back pain two days after epidural steroid injection. Handwritten note states the second epidural steroid injection was not helpful. Note indicates that the patient is being recommended for a chronic pain program. The patient underwent trigger point injections. Note indicates the patient returns having had one lumbar epidural steroid injection and an additional failed attempt because of sedation issues. Note indicates that he is suffering from ongoing anxiety and depression. Designated doctor evaluation dated indicates that the patient reached maximum medical improvement as of as this was the date that active treatment was terminated and he was returned to work without restrictions. The patient was given 5% whole person impairment. It is noted that the patient has nonverifiable radicular complaints. Follow up note dated 09/16/15 indicates that the patient is waiting to go ahead with a second lumbar epidural steroid injection which offered him more than 70% pain relief, improved function, improved activity levels and decreased medications. This was performed at the L5-S1 interspace. Follow up note indicates that the patient continues with moderate to severe back, left buttock and left leg pain effectively treated in March with a single lumbar block. The patient weighs over 280 pounds. He is working on weight loss and proper dietary changes. He has moderate lumbar interspinous tenderness with a positive straight leg raising sign on the left. Current medications are Prozac, amitriptyline, gabapentin, Norco and ibuprofen.

Initial request for L5-S1 lumbar epidural steroid injection under fluoroscopy with IV sedation was non-certified on noting that the examination findings of a radiculopathy were equivocal. There was no specific sensory or motor loss in the L5-S1 dermatome or myotome and no indication of deep tendon reflex loss. There was some corroboration from imaging with the right S1 nerve involvement, but the examination findings did not document the radiculopathy with objective findings. The follow up note indicates that despite two previous

epidural steroid injections, the first one helped but the second one gave no help. The functional capacity evaluation report of reports that the patient has had no improvement despite the epidural steroid injections, the physical therapy, the medication and the trigger point injections. The denial was upheld on appeal dated noting that treatment notes indicate there was an epidural steroid injection performed on and. There is no report regarding duration of pain relief or the need for a repeat procedure. The guidelines state that there should be at least 6 to 8 weeks of 50-70% pain relief over that time span which is not supported in the treatment notes.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The Official Disability Guidelines require documentation of radiculopathy on physical examination corroborated by imaging studies and/or electrodiagnostic results. The patient's physical examination fails to establish the presence of active radiculopathy. The submitted note states that the patient underwent two prior epidural steroid injections. The first one helped and the second did not. The functional capacity evaluation indicates that the patient has had no improvement despite treatment completed to date including epidural steroid injections. The Official Disability Guidelines require documentation of at least 50% pain relief for at least 6 weeks prior to repeat epidural steroid injection. Additionally, designated doctor evaluation indicates that the patient reached maximum medical improvement as of as this was the date that active treatment was terminated and he was returned to work without restrictions. As such, it is the opinion of the reviewer that the request for L5-S1 lumbar epidural steroid injection under fluoroscopy with IV sedation is not recommended as medically necessary.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ☐ ACOEM-America College of Occupational and Environmental Medicine um knowledgebase
- ☐ AHCPR-Agency for Healthcare Research and Quality Guidelines
- ☐ DWC-Division of Workers Compensation Policies and
- ☐ Guidelines European Guidelines for Management of Chronic
- ☐ Low Back Pain Interqual Criteria
- ☒ Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- ☐ standards Mercy Center Consensus Conference Guidelines
- ☐ Milliman Care Guidelines
- ☒ ODG-Official Disability Guidelines and Treatment
- ☐ Guidelines Pressley Reed, the Medical Disability Advisor
- ☐ Texas Guidelines for Chiropractic Quality Assurance and Practice
- ☐ Parameters Texas TACADA Guidelines
- ☐ TMF Screening Criteria Manual
- ☐ Peer Reviewed Nationally Accepted Médical **Literature** (Provide a description)
- ☐ Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)